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Fill in this information to identify your	case:	
United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Papool First Name S. Middle Name Chaudhari	Shialo First Name L. Middle Name Chaudhari	
	Bring your picture identification to your meeting with the trustee.	Last Name Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	First Name	First Name	
	Include your married or maiden names.	Middle Name Last Name	Middle Name Last Name	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	xxx - xx - 4 4 8 2 OR 9xx - xx -	xxx - xx - <u>3</u> <u>4</u> <u>1</u> <u>6</u> OR 9xx - xx -	

(ITIN)

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	otor 1 otor 2	Papool S. Chaudhari Shialo L. Chaudhari					Case n	umber (if known)		
			Abo	out Debtor 1:			Ak	oout Debtor 2 (Sp	oouse Only i	n a Joint Case):
and E		usiness names mployer		I have not used a	ny busines	s names or EINs	s. 🔽	I have not used	d any busines	s names or EINs.
	(EIN) y	ification Numbers you have used in ast 8 years		ness name			Bu	siness name		
		e trade names and	Busi	ness name			Bu	siness name		
	aoing i	ousiness as names	Busi	ness name			Bu	siness name		
			EIN				EIN	<u> </u>		
			EIN				EIN	-		
5.	Where	you live					lf I	Debtor 2 lives at	a different a	ddress:
			150)5 Bankston Dr.						
			Num	nber Street			Nu	mber Street		
							_			
			Wy	lie	TX	75098				
			City	II:	State	ZIP Code	Cit	у	State	ZIP Code
			Cou Cou				Co	unty		
			the cou	our mailing addre one above, fill it i rt will send any not ling address.	n here. No	te that the	fro wil	Debtor 2's mailin om yours, fill it ir Il send any notice Idress.	here. Note	that the court
			Num	nber Street			Nu	mber Street		
			P.O.	. Box			P.0	O. Box		
			City		State	ZIP Code	Cit	у	State	ZIP Code
6.		ou are choosing strict to file for	Che	eck one:			Cł	neck one:		
	bankrı		V	Over the last 180 petition, I have live than in any other	ed in this d		✓	Over the last 1 petition, I have than in any oth	lived in this	
				I have another re (See 28 U.S.C. §		ain.		I have another (See 28 U.S.C		lain.
Р	art 2:	Tell the Court Abo	out Y	our Bankrupto	cy Case					
7.		napter of the uptcy Code you		k one: (For a brief ankruptcy (Form 20						for Individuals Filing
		oosing to file		Chapter 7	//	. 3	1 - 3 -		11 -1	
				Chapter 11						
				Chapter 12						
			_	Chapter 13						

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Debtor 1 Papool S. Chaudhari Debtor 2 Shialo L. Chaudhari			Case number (if known)						
8.	How you will pay the fee		court for more details about how pay with cash, cashier's check,	I file my petition. Please check with wyou may pay. Typically, if you are poor money order. If your attorney is suyith a credit card or check with a pre-p	aying the fee yourself, you may bmitting your payment on your				
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).						
			I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.						
9.	Have you filed for		No						
	bankruptcy within the last 8 years?		Yes.						
		Distri	ict	When	Case number				
		Distri	ict						
		Diotii		MM / DD / YYYY	Case number				
		Distri	ict	When MM / DD / YYYY	Case number				
10.	Are any bankruptcy	$\overline{\mathbf{V}}$	No						
	cases pending or being filed by a spouse who is		Yes.						
	not filing this case with you, or by a business	Debte	or	Relations	ship to you				
	partner, or by an affiliate?	Distri	ict	When MM / DD / YYYY	Case number,				
		Debte	or	Relations	ship to you				
		Distri	ict	When MM / DD / YYYY	Case number,if known				
11.	Do you rent your residence?	<u> </u>	No. Go to line 12. Yes. Has your landlord obtain	ed an eviction judgment against you?					
			_	Statement About an Eviction Judgmer this bankruptcy petition.	nt Against You (Form 101A)				

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	tor 1 tor 2	Papool S. Chaudha Shialo L. Chaudhar					Case numb	er (if known)			
Pa	art 3:	Report About Ar	ıy Bı	usine	sses You Own as	a Sole Pı	- roprietor	· · · · · ·			
12.	-	u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	business					
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				Chaudari Law PLL Name of business, if any PO Box 1863 Number Street	.c					_
		ave more than one oprietorship, use a			Wylie City			TX State	7509 ZIP Co		_
	separate sheet and attach it to this petition.				Single Asset Rea	iness (as de al Estate (as defined in 1 er (as defin	efined in 11 U.S.0 s defined in 11 U I1 U.S.C. § 101(5 ned in 11 U.S.C. §	C. § 101(27A)) .S.C. § 101(51B i3A))	3))		
Ch Ba	Chapte Bankru are you	Chapter 11 of the Bankruptcy Code and are you a <i>small busin</i> ess		set ap	filing under Chapter 11, propriate deadlines. If nt balance sheet, stater f these documents do n	you indicate ment of ope	e that you are a serations, cash-flow	small business on statement, and	debtor, you d federal ir	must attach your ncome tax return	
	debtor	debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	$\overline{\mathbf{V}}$	No.	I am not filing under C	Chapter 11.					
				No.	I am filing under Chap the Bankruptcy Code.		I am NOT a smal	II business debt	or accordir	ng to the definition in	١
	11 U.S.			Yes.	I am filing under Chap Bankruptcy Code.	oter 11 and	I am a small busi	iness debtor acc	cording to	the definition in the	
Pa	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous	Property	or Any Prope	erty That Ne	eds Imn	nediate Attentio	n
14.	propert alleged	Oo you own or have any property that poses or is alleged to pose a threat of mminent and identifiable		No Yes.	What is the hazard?						
	safety? any pro	Or do you own operty that needs attention?			If immediate attention	is needed,	why is it needed	?			
	perisha livestoc	example, do you own ishable goods, or stock that must be fed, or uilding that needs urgent airs?			Where is the property	? Number	Street				
						City			State	ZIP Code	

Debtor 1	Papool S. Chaudhari	
Debtor 2	Shialo L. Chaudhari	Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

credit counselin	g because of:
☐ Incapacity.	I have a mental illness or a mental
_	deficiency that makes me

☐ I am not required to receive a briefing about

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	I am not required to receive a briefing	about
_	credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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		Papool S. Chaudhari Shialo L. Chaudhari			Case number (if l	Case number (if known)				
Р	art 6: Answer T	hese Quest	ions for	Reporting Pu	rpos	ses				
16.	What kind of debts d have?	o you 16a	as "inc	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17.						
			money	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17.						
		16c.	State th	ne type of debts yo	u ow	e that are not consumer or bus	siness	s debts.		
17.	Are you filing under Chapter 7?		No. I a	am not filing under	Chap	ter 7. Go to line 18.				
	Do you estimate that any exempt property excluded and		Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?							
	administrative expen are paid that funds w available for distribu to unsecured credito	vill be tion		¶ No] Yes						
18.	How many creditors you estimate that you owe?	كا	1-49 50-99 100-199 200-999			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000		
19.	How much do you estimate your assets be worth?	s to	\$100,00	00 \$100,000 I-\$500,000 I-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.	How much do you estimate your liabilitibe?	ies to	\$100,00	00 \$100,000 I-\$500,000 I-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		

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Debtor 1 Debtor 2	Papool S. Chaudhar Shialo L. Chaudhari	Case number (if known)					
Part 7:	Sign Below						
For you		I have examined this petition, and I declare u and correct.	nder penalty of perjury that the information provided is true				
		•	aware that I may proceed, if eligible, under Chapter 7, 11, 12, stand the relief available under each chapter, and I choose to				
		If no attorney represents me and I did not pay fill out this document, I have obtained and rea	or agree to pay someone who is not an attorney to help me and the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		ealing property, or obtaining money or property by fraud in in fines up to \$250,000, or imprisonment for up to 20 years, 3571.					
		X /s/ Papool S. Chaudhari	X /s/ Shialo L. Chaudhari				
		Papool S. Chaudhari, Debtor 1	Shialo L. Chaudhari, Debtor 2				
		Executed on 12/13/2019	Executed on 12/13/2019				

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Debtor 2	Papool S. Chaudhar Shialo L. Chaudhari	i	Case number (if know	n)			
For your a represente	ttorney, if you are ed by one	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to					
If you are not represented by an attorney, you do not need to file this page.		the debtor(s) the notice required by 11 certify that I have no knowledge after a is incorrect.	• , ,				
		X /s/ Richard Pelley Signature of Attorney for Debtor	Date	12/13/2019 MM / DD / YYYY			
		Richard Pelley Printed name					
		Pelley Law Offices					
		Firm Name					
		905 N. Travis					
		Number Street					
		Sherman	ТХ	75090			
		City	State	ZIP Code			
		Contact phone (903) 813-4778	Email address <u>richar</u>	d.pelley@verizon.net			
		15732500	тх				
		Bar number	State	_			

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Fill in this in	formation to ide	entify you	r case and this filing	j:		
Debtor 1	Papool	S.	Chaudhari			
	First Name	Middle Na	me Last Name			
Debtor 2	Shialo	L.	Chaudhari			
(Spouse, if filing) First Name	Middle Na	me Last Name			
United States Ba	ankruptcy Court for th	ne: EASTE	RN DISTRICT OF TEXA	AS		
Case number					□ Check	if this is an
(if known)					-	ed filing
000 1 1 5	4004 /D					
Official Form						
Schedule A	/B: Property					12/15
			Building, Land, or O		Estate You Own or Have	an Interest In
ш	to Part 2. here is the property?	•				
1.1.		w	hat is the property?		Do not deduct secured clai	ms or exemptions. Put the
1505 Bankston			neck all that apply.		amount of any secured clair	
Street address, if avai	ilable, or other descriptio	<u>IV</u>		al: a. a.	Creditors Who Have Claim	, ,
		[0	-	Current value of the entire property?	Current value of the portion you own?
Wylie	TX 7509				\$300,000.00	\$300,000.00
City	State ZIP C	ode	Land			
			Investment property		Describe the nature of yo	-
Collin			Timeshare Other		interest (such as fee simp entireties, or a life estate)	
County		L	<u> </u>		- Homestead	
1505 Bankston	Dr., Wylie, TX 750	U98	ho has an interest in the neck one.	property?		
			Debtor 1 only			unity property
			Debtor 2 only	-1.	(see instructions)	
		₹		•	or	
		L	At least one of the debto			
			ther information you wis operty identification nun		ut this item, such as local	_

\$300,000.00

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any

entries for pages you have attached for Part 1. Write that number here.....

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Debtor 1 Debtor 2		Papool S. Chaudh Shialo L. Chaudh		Case number (if known)		
Pa	art 2:	Describe Your	Vehicles			
-	own that	•	s. If you lease a vehi	est in any vehicles, whether they are cle, also report it on Schedule G: Exec	-	•
J.	□ No ☑ Yes		, sport utility verilor	es, motorcycles		
3.1. Mak	e:	Lexus	Check		Do not deduct secured clair amount of any secured clair Creditors Who Have Claims	ms on Schedule D:
	r:	ES 350 2014 e mileage:		ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another	Current value of the entire property? \$16,045.00	Current value of the portion you own?
		s ES 350		heck if this is community property ee instructions)		
3.2. Mak Mod Yea App	lel: r:	Kia Sedan 2015 e mileage:	Check D D D D	nas an interest in the property? c one. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the entire property? \$15,000.00	ms on <i>Schedule D:</i>
	er inform 5 Kia S			heck if this is community property ee instructions)		
3.3. Mak Mod Yea	lel:	Nissan Altima 2014	Check	nas an interest in the property? cone. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the entire property?	ms on Schedule D:
Othe	er inform	e mileage: nation: an Altima	—— ☐ ^	t least one of the debtors and another heck if this is community property ee instructions)	\$7,467.00	\$7,467.00
4.		les: Boats, trailers, mo	homes, ATVs and o	ther recreational vehicles, other vehicles, fishing vessels, snowmobiles, m		
5.			•	all of your entries from Part 2, inclu Write that number here	- · ·	\$38,512.00
Pa	art 3:	Describe Your	Personal and H	ousehold Items		
Do y	you own	ı or have any legal oı	r equitable interest	in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		hold goods and furni les: Major appliances	-	ina, kitchenware		
	ш	s. Describe See	continuation page	e(s).		\$1,650.00

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Deb Deb	tor 2 Papool S. Chaudhari Shialo L. Chaudhari Case number (if known)	
7.	Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No ☑ Yes. Describe See continuation page(s).	\$1,850.00
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	□ No ☑ Yes. Describe See continuation page(s).	\$1,000.00
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	✓ No Yes. Describe	
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe	
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	✓ Yes. Describe Clothing	\$275.00
12.	Jewelry <i>Examples:</i> Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	□ No ☑ Yes. Describe See continuation page(s).	\$400.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	□ No ☑ Yes. Describe Cats	\$30.00
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	✓ No Yes. Give specific information	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here	\$5,205.00
Pa	art 4: Describe Your Financial Assets	

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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Deb	tor 1	Pap	ool S. Chau	udhari				
Deb	tor 2	Shi	alo L. Chau	dhari			Case number (if known)	
16.	√ No	nples: I I Io	petition	,	Í	me, in a safe deposit box, and	on hand when you file your	
17.	Depos	sits of aples: (money Checking, sav	rings, or other finar uses, and other sin	ncial acco	ounts; certificates of deposit; shutions. If you have multiple ac	nares in credit unions,	
	□ No ✓ Ye			Institu	ution nam	e:		
	1	17.1.	Checking ac	count: Chec	cking ac	count BOA		\$30.00
	1	17.2.	Checking ac	count: Chec	cking ac	count American Nat Bank		\$200.00
	1	17.3.	Savings acc	ount: Savi	ings acc	ount Capital One		\$200.00
18.	Exam _l	nples: I Io	Bond funds, ir	publicly traded some street account Institution or iss	ts with bro	okerage firms, money market a	ccounts	
19.	Non-p	publicl	y traded stoo		n incorpo	rated and unincorporated bu	isinesses, including	
	in in	es. Gi	ve specific ion about	Name of entity:	:		% of ownership:	
20.	Negot Non-n ✓ Ne	tiable i negotia lo	nstruments in	clude personal che	ecks, cas	ciable and non-negotiable ins niers' checks, promissory notes nsfer to someone by signing or	s, and money orders.	
	in in	nformat	ion about	Issuer name:				
21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans								
		es. Li	st each separately.	Type of account:	Ins	titution name:		
			-	401(k) or similar	plan: Ale	di 401(k)		\$5,000.00
				Pension plan:		S Pension plan		\$4,500.00
				IRA:		hwab IRA		\$93,000.00
				IRA:	Ro	th IRA		\$3,000.00
							· · · · · · · · · · · · · · · · · · ·	

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Deb	tor 1 tor 2	Papool S. Chaudh Shialo L. Chaudh		Case number (if known)				
You Exa			payments posits you have made so that you may continue ser n landlords, prepaid rent, public utilities (electric, gas						
		No Yes	Institution name or individual:						
23.	_		specific periodic payment of money to you, either for	or life or for a number of yea	ars)				
			Issuer name and description:						
24.	Inter		RA, in an account in a qualified ABLE program, o	or under a qualified state t	uition pro	ogram.			
			Institution name and description. Separately file the	e records of any interests.	11 U.S.C.	§ 521(c)			
25.		sts, equitable or future ers exercisable for you	interests in property (other than anything listed ur benefit	in line 1), and rights or					
		No Yes. Give specific information about them							
26.			marks, trade secrets, and other intellectual proper names, websites, proceeds from royalties and licen-						
		No Yes. Give specific information about them							
27.		Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses							
	☑ 1								
		Yes. Give specific information about them							
Mor		r property owed to you	1?			Current value of the			
						portion you own? Do not deduct secured claims or exemptions.			
28.	Тах	refunds owed to you							
	سنا	No			1				
	_	Yes. Give specific information of the second specific information of the second			Federal	:			
		you already filed the retu			State:				
	ć	and the tax years			Local:				
29.		ily support mples: Past due or lump	p sum alimony, spousal support, child support, main	itenance, divorce settlemen	t, property	/ settlement			
	<u> </u>			A I:					
		Yes. Give specific inform	mation	Alimony:					
				Maintena	nce:				
				Support:					
				Divorce s	ettlement:				
				Property s	settlement	·· ·			

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Deb	tor 1 tor 2	Papool S. (Shialo L. C				Case number (if known)	
						_ Case namber (ii known)	
30.		es: Unpaid w		insurance paymer	nts, disability benefits, si paid loans you made to	ck pay, vacation pay, workers' someone else	,'
	✓ No ☐ Yes	s. Give specit	fic information				
31.	Exampl	ts in insurandes: Health, d		insurance; health s	avings account (HSA);	credit, homeowner's, or renter	's insurance
	con	s. Name the inpany of each	n policy	ompany name:		Beneficiary:	Surrender or refund value:
32.	If you a	re the benefic	ciary of a living	e you from some trust, expect proce someone has died	eds from a life insurance	e policy, or are currently	
	✓ No ☐ Yes	s. Give specil	fic information				
33.		•	•	•	ve filed a lawsuit or ma e claims, or rights to sue	ade a demand for payment	
	✓ No ☐ Yes	s. Describe e	ach claim				
34.	rights t	ontingent an o set off clai		d claims of every r	nature, including coun	terclaims of the debtor and	
	✓ No ☐ Yes	s. Describe e	ach claim				
35.	Any fin	ancial assets	s you did not a	Iready list			
	✓ No ☐ Yes	s. Give specil	fic information				
36.			-		4, including any entrie		→ \$105,930.00
Pa	art 5:	Describe A	Any Busines	ss-Related Pro	perty You Own or	Have an Interest In. Lis	st any real estate in Part 1.
37.	Do you	own or have	any legal or e	equitable interest	in any business-related	d property?	
	_	Go to Part 6 s. Go to line 3					
							Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accour	nts receivable	e or commissi	ons you already e	arned		ciaims of exemptions.
	✓ No	s. Describe					

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	tor 1 tor 2	Shialo L. Chau				Case number (if known)		
39.				software, modems, pri		achines, rugs, telephones,		
	☑ No □ Yes	s. Describe]	
40.	Machir	nery, fixtures, equi	ipment, supplie	es you use in busines	ss, and tools of you	ır trade	_	
	✓ No ☐ Yes	s. Describe]	
41.	Invento	ory						
	✓ No ☐ Yes	s. Describe]	
42.	Interes	ts in partnerships	or joint ventur	es				
	□ No ☑ Yes	s. Describe Na				% of ownership:		
1 3	Custon		naudhari Law			100%	\$0.00	
70.	✓ No	Customer lists, mailing lists, or other compilations						
		s. Do your lists in	clude personal	lly identifiable inform	ation (as defined in	11 U.S.C. § 101(41A))?		
		Yes. Descri	ibe					
44.	Any bu	siness-related pro	operty you did	not already list			_	
	✓ No	s. Give specific inf	ormation.					
45.				es from Part 5, includ			\$0.00	
Pa				ommercial Fishii it in farmland, list i		perty You Own or Have a	ın Interest In.	
46.	Do you	own or have any	legal or equita	ble interest in any fa	rm- or commercial	fishing-related property?		
		. Go to Part 7. s. Go to line 47.						
							Current value of the portion you own? Do not deduct secured claims or exemptions.	
47.	Farm a	nimals <i>les:</i> Livestock, pou	ıltry, farm-raised	Ifish				
	✓ No ☐ Yes	s					٦	
	_							
48.		-either growing or	harvested					
		s. Give specific]	
		·····						

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	otor 1 Papool S. Chaudhari Shialo L. Chaudhari	Case nu	umber (if known)	
	Farm and fishing equipment, implements, machinery, fixtures, a	and tools of trade		
	✓ No Yes]
50.	Farm and fishing supplies, chemicals, and feed			
	✓ No ☐ Yes]
51.	Any farm- and commercial fishing-related property you did not a	already list		
	✓ No Yes. Give specific information]
	Add the dollar value of all of your entries from Part 6, including attached for Part 6. Write that number here			\$0.00
	art 7: Describe All Property You Own or Have an Inte			
			714 1101 <u>1101</u> 1 110	<u> </u>
	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	'		
	NoYes. Give specific information.			
54.	Add the dollar value of all of your entries from Part 7. Write that	number here	 →	\$0.00
Pa	art 8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$300,000.00
56.	Part 2: Total vehicles, line 5	\$38,512.00		
57.	Part 3: Total personal and household items, line 15	\$5,205.00		
58.	Part 4: Total financial assets, line 36	\$105,930.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$149,647.00	Copy personal property total	+ \$149,647.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$449,647.00

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	otor 1 otor 2	Papool S. Chaudhari Shialo L. Chaudhari	Case number (if known)
		omaio El Ghadanan	Case number (ii known)
6.	House	hold goods and furnishings (details):	
	Reclin	ner	\$100.00
	Lamp	s	\$10.00
	Dinne	r Table	\$300.00
	Dining	g Chairs	\$100.00
	Stove	/Oven	\$400.00
	Dishw	rasher	\$200.00
	Micro	wave	\$50.00
	Refrig	erator	\$200.00
	Dress	ers	\$60.00
	Nights	stands	\$40.00
	Mirror	s	\$40.00
	Beds		\$150.00
7.	Electro	onics (details):	
	Televi	sions	<u>\$500.00</u>
	Televi	sion	\$400.00
	Stered	Reciever	\$50.00
	Speak	ers	\$400.00
	Comp	uters	<u>\$500.00</u>
8.	Collec	tibles of value (details):	
	Books	•	\$40.00
	Art		\$100.00
	Figuri	nes	\$150.00
	Sports	s Cards	\$250.00
	Sports	s Memorabilia	\$250.00
	Movie	s	\$200.00
	Music		\$10.00
12.	Jewelr	y (details):	
	Ring		\$100.00_
	Ring		\$200.00
	Watch	1	\$100.00

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Fill in this information to identify your case:					
Debtor 1	Papool First Name	S. Middle Name	Chaudhari Last Name		
Debtor 2	Shialo	L.	Chaudhari		
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS					
Case number	nkrupicy Court ic	or the. EASTERN DIS	TRICT OF TEXAS		
(if known)					

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Which set of exemptions are you claiming? ✓ You are claiming state and federal nonban ✓ You are claiming federal exemptions. 11 L For any property you list on Schedule A/B th	kruptcy exemptions. J.S.C. § 522(b)(2)	11 U.		ŕ
Brief	f description of the property and line on edule A/B that lists this property	Current value of the portion you own	Am	ount of the mption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B		eck only one box for h exemption	
150	description: 5 Bankston Dr., Wylie, TX 75098 from Schedule A/B:1.1	\$300,000.00		100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002 (Claimed: \$128,743.70 100% of fair market value, up to any applicable statutory limit)
2014	description: 4 Lexus ES 350 from Schedule A/B:3.1	\$16,045.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9) (Claimed: \$0.00 100% of fair market value, up to any applicable statutory limit)

3.	Are you claiming	a homestead exem	ption of more than \$170,350	07
----	------------------	------------------	------------------------------	----

(Subject to a	iajustment on	4/01/22 and	every 3 y	ears after	that for case	es filed on c	or after the o	date of adjustine	ent.)

`	•	•	•	•
$\overline{\mathbf{Q}}$	No			
	Yes	. Did you acquire the property covere	d by the exemption within 1,215 da	ys before you filed this case?
		No		
		Yes		

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Schedule A/B		eck only one box for h exemption		
Brief description: 2015 Kia Sedan	\$15,000.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9) (Claimed: \$7,000.00	
Line from Schedule A/B:3.2			value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: 2014 Nissan Altima	\$7,467.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9) (Claimed: \$7,467.00	
Line from Schedule A/B:3.3			value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Recliner	\$100.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$100.00	
Line from Schedule A/B:6			value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description:	\$10.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$10.00	
Line from Schedule A/B:6		IV.	value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Dinner Table	\$300.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$300.00	
Line from Schedule A/B:6		™	value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Dining Chairs	\$100.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$100.00	
Line from <i>Schedule A/B</i> : 6			value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Stove/Oven	\$400.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$400.00	
Line from Schedule A/B:6		V	value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Dishwasher	\$200.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$200.00	
Line from Schedule A/B:6		"	value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Microwave	\$50.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$50.00	
Line from Schedule A/B:6		Z.	value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Schedule A/B		ck only one box for h exemption		
Brief description: Refrigerator	\$200.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$200.00	
Line from Schedule A/B: 6		\square	value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Dressers	\$60.00		4000/ of foir result of	Tex. Prop. Code §§ 42.001(a),	
Line from Schedule A/B:6		\square	100% of fair market value, up to any applicable statutory limit	42.002(a)(1) (Claimed: \$60.00 100% of fair market value, up to any applicable statutory limit)	
Brief description: Nightstands	\$40.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$40.00	
Line from Schedule A/B:6			value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Mirrors	\$40.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$40.00	
Line from Schedule A/B:6		$\overline{\mathbf{A}}$	value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description:	\$150.00		1000/ 1/1	Tex. Prop. Code §§ 42.001(a),	
Line from Schedule A/B:6			100% of fair market value, up to any applicable statutory limit	42.002(a)(1) (Claimed: \$150.00 100% of fair market value, up to any applicable statutory limit)	
Brief description: Televisions	\$500.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$500.00	
Line from Schedule A/B: 7		$\overline{\mathbf{Q}}$	value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Television	\$400.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$400.00	
Line from Schedule A/B: 7			value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Stereo Reciever	\$50.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$50.00	
Line from Schedule A/B: 7			value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)	
Brief description: Speakers	\$400.00		100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$400.00	
Line from Schedule A/B: 7		✓ 100% of fair market value, up to any applicable statutory limit		100% of fair market value, up to any applicable statutory limit)	

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Part 2:	Additional Page					
	tion of the property and line on 3 that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B		eck only one box for h exemption		
Brief descripti Computers Line from Sch	on: nedule A/B: 7	\$500.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$500.00 100% of fair market value, up to any applicable statutory limit)	
Brief descripti Books Line from Sch	on: nedule A/B: 8	\$40.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$40.00 100% of fair market value, up to any applicable statutory limit)	
Brief descripti Art Line from Sch	on: nedule A/B: 8	\$100.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$100.00 100% of fair market value, up to any applicable statutory limit)	
Brief descripti Figurines Line from Sch	on: nedule A/B: 8	\$150.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$150.00 100% of fair market value, up to any applicable statutory limit)	
Brief descripti Sports Card Line from Sch		\$250.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$250.00 100% of fair market value, up to any applicable statutory limit)	
Brief descripti Sports Mem Line from Sch		\$250.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$250.00 100% of fair market value, up to any applicable statutory limit)	
Brief descripti Movies Line from <i>Sch</i>		\$200.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$200.00 100% of fair market value, up to any applicable statutory limit)	
Brief descripti Music Line from <i>Sch</i>		\$10.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) (Claimed: \$10.00 100% of fair market value, up to any applicable statutory limit)	
Brief descripti Clothing Line from <i>Sch</i>		\$275.00		100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5) (Claimed: \$275.00 100% of fair market value, up to any applicable statutory limit)	

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Ring Line from <i>Schedule A/B</i> :	\$100.00	■ 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) (Claimed: \$100.00 100% of fair market value, up to any applicable statutory limit)
Brief description: Ring Line from Schedule A/B:12	\$200.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) (Claimed: \$200.00 100% of fair market value, up to any applicable statutory limit)
Brief description: Watch Line from Schedule A/B:12	<u>\$100.00</u>	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) (Claimed: \$100.00 100% of fair market value, up to any applicable statutory limit)
Brief description: Cats Line from Schedule A/B:13	\$30.00	☐ 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11) (Claimed: \$30.00 100% of fair market value, up to any applicable statutory limit)
Brief description: Schwab IRA Line from Schedule A/B:21	\$93,000.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 (Claimed: \$93,000.00 100% of fair market value, up to any applicable statutory limit)
Brief description: Roth IRA Line from Schedule A/B:21	\$3,000.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 (Claimed: \$3,000.00 100% of fair market value, up to any applicable statutory limit)
Brief description: Aldi 401(k) Line from Schedule A/B:21	\$5,000.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 (Claimed: \$5,000.00 100% of fair market value, up to any applicable statutory limit)
Brief description: TRS Pension plan Line from Schedule A/B:	\$4,500.00	100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 (Claimed: \$4,500.00 100% of fair market value, up to any applicable statutory limit)

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Fill in this inf	ormation to identification Papool First Name	S. Middle Name	Chaudhari Last Name			
Debtor 2 (Spouse, if filing)	Shialo	L. Middle Name	Chaudhari Last Name			
United States Bar	nkruptcy Court for the:	EASTERN D	ISTRICT OF TEXAS			
Case number (if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors Wh	o Have Cl	aims Secured by	Property		12/15
1. Do any credit ☐ No. Che ☑ Yes. Fill	tors have claims sec	ured by your pr t this form to the n below.	and case number (if know roperty? e court with your other sche		ning else to report on thi	is form.
claim, list the creditor has a	ed claims. If a creditor separately for particular claim, list the claims in the claims in the claims in the claims.	each claim. If r	more than one s in Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the	ne property that	\$20,200.00	\$16,045.00	\$4,155.00
Car Max Auto Fi Creditor's name PO Box 3174 Number Street	nance	— 2014 Lexu —				
As of the date you file, the claim is: Check all that apply. Contingent						
Date debt was inc	urred <u>12.18</u>	Last 4 digit	ts of account number	7 0 9 2		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$20,200.00

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Debtor 1 Papool S. Chaudhari Shialo L. Chaudhari		_ Case number (if	known)	
	_		Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Car Max Auto Finance Creditor's name 225 Chastain Meadows Ct. NW Number Street	Describe the property that secures the claim: 2015 Kia Sedan	\$8,000.00	\$15,000.00	
Kennesaw GA 30144-5841 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Under (including a right to offset) Certificate of Title	mortgage or secured	car loan)	
Date debt was incurred 6.19	_ Last 4 digits of account number			
Suntrust Mortgage Creditor's name PO Box 26527 Number Street	secures the claim: 1505 Bankston Dr., Wylie, TX 75098	\$171,256.30	\$300,000.00	
Richmond VA 23261 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Deed of Trust	mortgage or secured echanic's lien)	car loan)	
Date debt was incurred 3.2013	Last 4 digits of account number	3 4 0 9		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$179,256.30

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$199,456.30

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Fill in this info	ormation to iden	tify your ca	ase:			
Debtor 1	Papool First Name	S. Middle Name	Chaudhari Last Name			
Debtor 2 (Spouse, if filing)	Shialo First Name	L. Middle Name	Chaudhari Last Name			
United States Bar	nkruptcy Court for the	: EASTERN	DISTRICT OF TEXAS			
Case number (if known)					Check if this amended filing	
Official Form						
Schedule E/	F: Creditors V	Who Have	Unsecured Claims			12/15
on Schedule A/B: Do not include any If more space is not to this page. On the	Property (Official Fo y creditors with part eeded, copy the Par	orm 106A/B) a ially secured t you need, fil onal pages, wi	acts or unexpired leases that coul and on Schedule G: Executory Co claims that are listed in Schedule I it out, number the entries in the rite your name and case number (ecured Claims	ntracts and Unexpire D: Creditors Who F boxes on the left. A	ed Leases (Offic Hold Claims Sec	cial Form 106G). cured by Property.
Do any credit	ors have priority un	secured claim	ns against you?			
✓ No. Go to	o Part 2.					
claim. For eac show both prio more space is	ch claim listed, identifority and nonpriority a	y what type of mounts. As managed secured claim	creditor has more than one priority unclaim it is. If a claim has both prior uch as possible, list the claims in all ins, fill out the Continuation Page of	ity and nonpriority am phabetical order acco	nounts, list that coording to the cree	laim here and ditor's name. If
(For an explan	nation of each type of	claim, see the	instructions for this form in the inst	ruction booklet. Total claim	Priority amount	Nonpriority amount
2.1						_
Priority Creditor's Name	e		Last 4 digits of account number			
Number Street			When was the debt incurred?		_	
			As of the date you file, the claim Contingent Unliquidated Disputed	is: Check all that app	ply.	
City Who incurred the		Code	Type of PRIORITY unsecured cla	im:		
Debtor 1 only			Domestic support obligations	••••		
Debtor 2 only Debtor 1 and D	ebtor 2 only		Taxes and certain other debts Claims for death or personal ir	, ,	nent	
At least one of	the debtors and anot		intoxicated	.jj mmo you wolo		
☐ Check if this c Is the claim subject	laim is for a commu	inity debt	Other. Specify			
No Yes	or to onset:					

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	Papool S. Chaudhari Shialo L. Chaudhari	Case number (if known)
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims
No. Yes 4. List all c If a creditype of c	of your nonpriority unsecured claims itor has more than one nonpriority unsecutain it is. Do not list claims already incl	claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2. Total claim
American E Nonpriority Cree PO Box 650 Number St	ditor's Name	\$12,954.12 Last 4 digits of account number 1 0 0 2 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
At least o	only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Unsecured Consumer Debt
El Paso City Who incurred Debtor 1 Debtor 2 Debtor 1 At least 0 Check if	TX 79998-1537 State ZIP Code Check one. only	\$18,122.01 Last 4 digits of account number 1 0 0 8 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured Debt

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Debtor 1 Papool S. Chaudhari Debtor 2 Shialo L. Chaudhari			
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page		
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim	
4.3		\$4,228.09	
American Express	Last 4 digits of account number 1 0 0 7		
Nonpriority Creditor's Name PO Box 650448	When was the debt incurred? 2015		
Number Street	As of the date you file, the claim is: Check all that apply.		
	_ Contingent		
	Unliquidated		
Dallas TX 75265-0448	Disputed		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
Debtor 1 only	Student loans		
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts		
At least one of the debtors and another	Other. Specify		
☐ Check if this claim is for a community debt	Unsecured Consumer Debt		
Is the claim subject to offset?			
☑ No □ Yes			
4.4		\$27,187.66	
Bank of America	_ Last 4 digits of account number2302_		
Nonpriority Creditor's Name PO Box 851001	When was the debt incurred?		
Number Street	As of the date you file, the claim is: Check all that apply.		
	_ Contingent		
	Unliquidated Disputed		
Dallas TX 75285-1001			
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
Debtor 1 only	Student loans		
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts		
At least one of the debtors and another	Other. Specify		
☐ Check if this claim is for a community debt	Unsecured Consumer Debt		
Is the claim subject to offset?			
☑ No ☐ Yes			
4.5		\$6,472.07	
Best Buy Credit Services	_ Last 4 digits of account number _ 2 _ 6 _ 2 _ 2		
Nonpriority Creditor's Name PO Box 78009	When was the debt incurred? 2019		
Number Street	As of the date you file, the claim is: Check all that apply.		
	_		
	Disputed		
Phoenix AZ 85062-8009 City State ZIP Code	(NONDDIODITY		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
☐ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
Debtor 2 only	that you did not report as priority claims		
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Other. Specify		
Is the claim subject to offset?	Unsecured Consumer Debt		
No No			
Yes			

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Debtor 1 Papool S. Chaudhari Debtor 2 Shialo L. Chaudhari	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$5,940.51
Chase Cardmember Services	_ Last 4 digits of account number _1_ 9_ 6_ 1_	
Nonpriority Creditor's Name P.O. Box 6294	When was the debt incurred? 2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	□ Disputed	
Carol Stream IL 60197-6294 City State ZIP Code	Tune of NONDRIORITY uncestived eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Unsecured Debt	
Is the claim subject to offset?		
☑ No		
Yes		
4.7		\$31,557.12
Citi	Last 4 digits of account number 7 8 2 7	
Nonpriority Creditor's Name	When was the debt incurred? 2017	
P.O. Box 78045 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Phoenix AZ 85062	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Unsecured Consumer Debt	
Is the claim subject to offset? ✓ No		
Yes		
4.8		*
	Look Adimite of account number 0 0 5 0	\$23,248.06
Discover Nonpriority Creditor's Name	Last 4 digits of account number0859_ When was the debt incurred? 2017	
PO Box 29033 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Phoenix AZ 85038-9033	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Unsecured Debt	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Papool S. Chaudhari Shialo L. Chaudhari	•					
Part 2: Your NONPRIORITY Unse	ecured Claims Continuation Page					
After listing any entries on this page, number previous page.	them sequentially from the	Total claim				
4.9		\$1,000.00				
Molina Healthcare	Last 4 digits of account number					
Nonpriority Creditor's Name	When was the debt incurred? 2019					
Number Street	As of the date you file, the claim is: Check all that apply.					
	Contingent					
	Unliquidated Disputed					
City State ZIP Code						
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans					
Debtor 1 only	Obligations arising out of a separation agreement or divorce					
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims					
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify					
☐ Check if this claim is for a community del						
Is the claim subject to offset?						
☑ No						
Yes						
4.10		\$9,483.63				
Nelnet - Bankruptcy Department	Last 4 digits of account number 4 1 2 0					
Nonpriority Creditor's Name 3015 South Parker Road Ste. 400	When was the debt incurred? 2003					
Number Street	As of the date you file, the claim is: Check all that apply.					
	Contingent Unliquidated					
-	—— Disputed					
Aurora CO 80014-290 City State ZIP Code						
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ∏ Student loans					
Debtor 1 only	Obligations arising out of a separation agreement or divorce					
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims					
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify					
Check if this claim is for a community del	ot					
Is the claim subject to offset?						
☑ No □ Yes						
4.11		\$5,461.58				
Paypal Credit	Last 4 digits of account number 4 4 1 3					
Nonpriority Creditor's Name PO Box 960080	When was the debt incurred? 2019					
Number Street	As of the date you file, the claim is: Check all that apply.					
	Contingent Unliquidated					
Orlando FL 32896	Disputed					
Orlando FL 32896 City State ZIP Code	Type of NONPRIORITY unsecured claim:					
Who incurred the debt? Check one.	Student loans					
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce					
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts					
At least one of the debtors and another	Other. Specify					
☐ Check if this claim is for a community del	Unsecured Consumer Debt					
Is the claim subject to offset?						
✓ No Yes						

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Debtor 1 Debtor 2	Papool S. Cha Shialo L. Cha			Case number (if known)
Part 2: Your NONPRIORITY Unsecured Claims Continuation Page				
After listing previous pa	•	this pa	age, number ther	m sequentially from the Total claim \$122.59
Penfed CU Nonpriority Cre PO Box 24 Number	editor's Name			Last 4 digits of account number 3 5 3 8 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Omaha NE 68124-7080 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes		ZIP Code one. another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured Debt	

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Debtor 2	Shialo L. Chaudhari	Case number (if known)
Debtor 1	Papool S. Chaudhari	

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Add the Amounts for Each Type of Unsecured Claim

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$9,483.63
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. -	\$136,293.81
	6j.	Total. Add lines 6f through 6i.	6j.	\$145,777.44

Part 4:

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Fill in this inf	ormation to ider						
Debtor 1	Papool	S.	Chaudhari				
	First Name	Middle Name	Last Name				
Debtor 2	Shialo	L.	Chaudhari				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS							
Case number (if known)					Check if this is an amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this information to identify your case:						
Debtor 1	Papool First Name	S. Middle Name	Chaudhari Last Name			
Debtor 2	Shialo	L.	Chaudhari			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS						
Case number					Check if this is an	
(if known)					amended filing	

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do you I No Yes	•	(If you are filing a joint case,	do not list either s	pouse as a codebtor.)
2.				-	itory? (Community property states and territories , Texas, Washington, and Wisconsin.)
	□ No.	Go to line 3.			
	ш		ner spouse, or legal equivalent	live with you at th	ne time?
		No	ior opodoo, or logal oquivalent	into maryou at a	io unio.
	ᆜ				
	$\overline{\mathbf{V}}$	Yes			
		In which community st	ate or territory did you live?	Texas	Fill in the name and current address of that person.
		Shialo L. Chaudha	ri		
			ner spouse, or legal equivalent		
		1505 Bankston Dr.			
		Number Street			
		Wylie	TX	75098	
		City	State	ZIP Code	

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this information to identify your case:							
Debtor 1	Papool	S.	Chaudhari				
	First Name	Middle Name	Last Name	Che	eck if this is:		
Debtor 2	Shialo	L.	Chaudhari	_	An amended filing		
(Spouse, if filing)	First Name	Middle Name	Last Name		7 th amonada ming		
United States Bankruptcy Court for the:		EASTERN DIST	RICT OF TEXAS	🗆	A supplement showing postpetition chapter 13 income as of the following date:		
Case number (if known)					MM / DD / YYYY		
Official Form 10	D6I				WIWI / DD / TTTT		

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe	Employment

1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-f	iling spouse
	If you have more than one job, attach a separate page with information about	Employment status	✓ Employed☐ Not employed		✓ Employed☐ Not employed	i
	additional employers.	Occupation	Attorney		Caf Mang	
	Include part-time, seasonal, or self-employed work.	Employer's name	Sul Lee Plic		_	
	Occupation may include student or homemaker, if it applies.	Employer's address	3030 Number Street		Number Street	
			City	State Zip Code	City	State Zip Code
		How long employed the			3.5 years	

Part 2: **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse \$7,500.00 \$1,819.18 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. \$0.00 \$0.00 Calculate gross income. Add line 2 + line 3. \$7,500.00 \$1.819.18

Official Form 106I Schedule I: Your Income page 1

Debto			Casa num	nber (if known)	
	omaio 2. Omaaman	F	For Debtor 1	For Debtor 2 or non-filing spouse	
(Copy line 4 here	4.	\$7,500.00	\$1,819.18	-
5. I	List all payroll deductions:				
į	5a. Tax, Medicare, and Social Security deductions	5a.	<u>\$1,281.42</u>	<u>\$19.00</u>	
;	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$170.92	
;	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
į	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
,	5e. Insurance	5e.	\$222.37	\$511.30	
ţ	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00_	
,	5h. Other deductions. Specify:	5h. +	\$0.00	\$0.00	
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$1,503.79	<u>\$701.22</u>	
7. (Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$5,996.21	\$1,117.96	
8. I	List all other income regularly received:				
8	8a. Net income from rental property and from operating a business, profession, or farm	8a.	(\$149.00)	\$0.00	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
8	8b. Interest and dividends	8b.	\$0.00	\$0.00	
8	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	\$0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
8	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8	8e. Social Security	8e.	\$0.00	\$0.00	
8	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		•		
	Specify:	- 8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8	8h. Other monthly income. Specify:	8h. +	\$0.00	\$0.00	
9. /	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	(\$149.00)	\$0.00	
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$5,847.21	\$1,117.96	\$6,965.17
I	State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your housel friends or relatives.			r roommates, and other	er
Ι	Do not include any amounts already included in lines 2-10 or amounts that	at are no	ot available to pay e	xpenses listed in Sch	edule J.
\$	Specify:			11	\$0.00
i	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities if it applies.				\$6,965.17 Combined
	Do you expect an increase or decrease within the year after you file t	his forr	n?		monthly income
	☐ No. Husband's pay was recently cut substantially				
	Yes. Explain:	,			

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Debtor 1 Papool S. Chaudhari Debtor 2 Shialo L. Chaudhari		Case number (if known)	
8a. Attached Statement (Debtor 1)			
	Chaudhari PLLC		
Gross Monthly Income:		-	\$371.00
Expense	Category	Amount	
Repair Upkeep		\$25.00	
Telephone		\$50.00	
PO Box		\$10.00	
Taxes		\$92.00	
Maintenance		\$30.00	
Office Expenses		\$20.00	
Due and Publications		\$60.00	
Laundry or Cleaning		\$50.00 \$30.00	
Supplies and Materials Travel & Entertainment		\$20.00 \$50.00	
Server		\$30.00 \$15.00	
Fax Service		\$13.00 \$13.00	
Internet		\$85.00	
Total Monthly Expenses		-	\$520.00
Net Monthly Income:		:	(\$149.00)

Official Form 106l Schedule I: Your Income page 3

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F	ill in this infor	mation to ide	entif	y your case:			Cha	ole if this	. io.	
	Debtor 1	Papool		S.	Chau	dhari	■ Cne	eck if this An ame	ended filing	
	Dobto: 1	First Name		Middle Name	Last Na		18		lement showing	postpetition
	Debtor 2	Shialo		L.	Chau	dhari		chapte	r 13 expenses a	
	(Spouse, if filing)	First Name		Middle Name	Last Na			followir	ng date:	
	United States Bank	kruptcy Court for	r the:	EASTERN DIST	RICT OF	ΓEXAS		MM / D	D / YYYY	
1	Case number (if known)									
Of	fficial Form 1	06J					_			
Sc	chedule J: Y	our Expen	ses	5						12/15
cor	rrect information. me and case numb	If more space	is nee Answ	eded, attach another ver every question.	-	ing together, both a this form. On the to	-	-		
1.	Is this a joint ca	se?								
2.	_ No	Debtor 2 live in o es. Debtor 2 mu pendents?	ıst file	No Yes. Fill out this info	ormation	s for Separate House Dependent's relat Debtor 1 or Debto	ionshi		2. Dependent's age	Does dependent live with you?
	Debtor 2.	i i diid		for each dependent		Daughter	<u>'1 </u>		17	□ No
	Do not state the onames.	dependents'				<u>Suuginoi</u>				Yes No Yes No
										Yes No Yes No
3.	Do your expense expenses of peo	ple other than	?	✓ No ☐ Yes						- □ Yes
P	art 2: Estim	nate Your On	aoir	ng Monthly Expe	nses					
to ı		s of a date afte	r the l		•	re using this form a supplemental Sche			•	
				government assista Schedule I: Your Inc	-				Your expens	ses
4.		•	•	nses for your reside ny rent for the ground				•	4	\$2,043.00
	If not included in	n line 4:		-						
	4a. Real estate	taxes							4a	
	4b. Property, ho	meowner's, or r	enter's	s insurance					4b	
	4c. Home maint	enance, repair,	and u	pkeep expenses					4c	\$50.00
	4d. Homeowner	's association of	r conc	lominium dues					4d.	\$68.00

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Deb	Shialo L. Chaudhari Case number (if	f known)
		Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5
.	Utilities:	
	6a. Electricity, heat, natural gas	6a. \$225.0 0
	6b. Water, sewer, garbage collection	6b. \$95.0 0
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$182.0 0
	6d. Other. Specify: Internet	6d. \$85.0 0
	Food and housekeeping supplies 7	7. \$600.0 0
	Childcare and children's education costs (Home School) 8	3. \$170.0 0
١.	Clothing, laundry, and dry cleaning	9. \$75.0 0
0.	Personal care products and services	10. \$25.0 0
1.	Medical and dental expenses	11. \$869.0 0
2.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$250.0 0
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$50.0
4.	•	14. \$100.0
5.	Insurance.	
	Do not include insurance deducted from your pay or included in lines 4 or 20.	
	15a. Life insurance	15a. \$82.0
	15b. Health insurance	15b
	15c. Vehicle insurance	15c. \$408.0
	15d. Other insurance. Specify:	15d
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$400.0 (
7.	Installment or lease payments:	
	17a. Car payments for Vehicle 1 Vehicle	17a. \$212.0 0
	17b. Car payments for Vehicle 2 Vehicle	17b. \$373.0 0
	17c. Other. Specify:1	17c.
		17d
8.		18.
9.	Other payments you make to support others who do not live with you.	
	Specify:1	19. \$400.0

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Debtor 1 Debtor 2		Papool S. Chaudhari Shialo L. Chaudhari	Case number (if know	n)		
		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.				
	20a.	Mortgages on other property	20a.			
	20b.	Real estate taxes	20b.			
	20c.	Property, homeowner's, or renter's insurance	20c.			
	20d.	Maintenance, repair, and upkeep expenses	20d.			
	20e.	Homeowner's association or condominium dues	20e.			
21.	Othe	. Specify: Education Required for Employment	21.	+\$202.00		
22.	Calcu	late your monthly expenses.	_			
	22a.	Add lines 4 through 21.	22a.	\$6,964.00		
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2. 22b.			
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$6,964.00		
23.	Calcu	late your monthly net income.				
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$6,965.17		
	23b.	Copy your monthly expenses from line 22c above.	23b	\$6,964.00		
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$1.17		
24.	Do yo	ou expect an increase or decrease in your expenses within the year after y	ou file this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	_	No. Yes. Explain here: None.				

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Fill in this inf	ormation to				
Debtor 1	Papool First Name	S. Middle Name	Chaudhari Last Name	_	
Debtor 2	Shialo	L.	Chaudhari		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo				
Case number (if known)					Check if this amended fili

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you ow
Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$300,000.
1b. Copy line 62, Total personal property, from Schedule A/B	\$149,647.
1c. Copy line 63, Total of all property on Schedule A/B	\$449,647.
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	. \$199,456.
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.0
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ <u>\$145,777.</u>
Your total liabilities	\$345,233.
art 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$6,965.°
Schedule J: Your Expenses (Official Form 106J)	

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	otor 1 otor 2	Papool S. Chaudhari Shialo L. Chaudhari	Case number (if known)				
P	art 4:	Answer These Questions for Administrative and Statistic	cal Records				
ô.	Are y	ou filing for bankruptcy under Chapters 7, 11, or 13?					
	ш	No. You have nothing to report on this part of the form. Check this box and su es	ubmit this form to the court with your o	other schedules.			
7.	What	kind of debt do you have?					
	<u> </u>	Your debts are primarily consumer debts. Consumer debts are those "incur amily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statis		ersonal,			
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.						
3.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$13,400.95						
9.	Сору	the following special categories of claims from Part 4, line 6 of Schedule	• E/F:				
			Total claim				
	From	Part 4 on Schedule E/F, copy the following:					
	9a. [Domestic support obligations. (Copy line 6a.)	\$0.00				
	9b. T	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00				
	9c. C	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00				
	9d. S	Student loans. (Copy line 6f.)	\$9,483.63				
		Obligations arising out of a separation agreement or divorce that you did not re priority claims. (Copy line 6g.)	eport as \$0.00				
	Of [Pehts to pension or profit-sharing plans, and other similar dehts. (Copy line 6h	+ \$0.00				

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$9,483.63

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Fill in this info					
Debtor 1	Papool	S.	Chaudhari		
	First Name	Middle Name	Last Name		
Debtor 2	Shialo	L.	Chaudhari		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar					
Case number	-			П	Ch
(if known)				_	aı

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out ban	kruptcy forms?
☑ No		
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I hat true and correct.	ive read the summary and schedules filed	with this declaration and that they are
W	. .	
X /s/ Papool S. Chaudhari Papool S. Chaudhari, Debtor 1	X /s/ Shialo L. Chaudhari Shialo L. Chaudhari, Debtor 2	

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F	ill in this inf	ormation to i	dentify your case:			
D	ebtor 1	Papool First Name	S. Middle Name	Chaudhari Last Name	_	
_	ebtor 2 Spouse, if filing)	Shialo First Name	L. Middle Name	Chaudhari Last Name	_	
υ	nited States Bar	nkruptcy Court fo	or the: EASTERN DIS	TRICT OF TEXAS	_	
	ase number f known)				Check if this is an amended filing	
Of	fficial Form	107				
St	atement o	f Financial	Affairs for Ind	ividuals Filing for	Bankruptcy	04/19
cor	rect informatio	n. If more spac		separate sheet to this form	er, both are equally responsible for supplying On the top of any additional pages, write	
P	art 1: Giv	e Details Ab	out Your Marital S	tatus and Where You	Lived Before	
1.	What is your ✓ Married ✓ Not marrie	current marital	status?			
2.	☑ No	•		ther than where you live no		
3	Ь	·	•		a community property state or territory?	

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas,

✓ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Washington, and Wisconsin.)

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Debtor 1 Debtor 2		Papool S. Chaudhari Shialo L. Chaudhari Case number (if known)							
Р	art 2:	Explain the Sources of	Your Income						
4.	Fill in th	u have any income from employ te total amount of income you rec re filing a joint case and you have	eived from all jobs and all bu	sinesses, including par	t-time activities.	lendar years?			
	□ No ☑ Yes	s. Fill in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions			
From January 1 of the current year until the date you filed for bankruptcy:		•	Wages, commissions, bonuses, tips	\$98,739.46	Wages, commissions, bonuses, tips	\$22,106.32			
			Operating a business		Operating a business				
For the last calendar year: (January 1 to December 31, 2018)		calendar year:	Wages, commissions, bonuses, tips	\$136,357.00	Wages, commissions, bonuses, tips	\$18,790.00			
		December 31, <u>2018</u>)	Operating a business		Operating a business				
		ndar year before that:	Wages, commissions, bonuses, tips	\$86,852.00	Wages, commissions, bonuses, tips	\$15,429.00			
(Jai	nuary 1 to	December 31, 2017)	✓ Operating a business		Operating a business				
5.	Include unemploand gard Debtor	u receive any other income duri income regardless of whether the oyment; and other public benefit publing and lottery winnings. If you 1. The source and the gross income from the course and the gross income from the course and the details.	at income is taxable. Example payments; pensions; rental in a are in a joint case and you	les of other income are acome; interest; dividen have income that you re	ds; money collected from la eceived together, list it only	awsuits; royalties;			

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Debtor 1 Debtor 2	Papool S. Chaudhari Shialo L. Chaudhari Case number (if known)									
Part 3:	List Ce	rtain Paym	nents You Ma	de Before Y	ou Filed for Ba	ınkruptcy				
6. Are eitl	her Debtor 1	er Debtor 1's or Debtor 2's debts primarily consumer debts?								
☐ No.			-	-	mer debts. Consum		d in 11 U.S.C. § 101(8) as			
	During th	ne 90 days be	fore you filed for	bankruptcy, die	d you pay any credit	or a total of \$6,825*	or more?			
	☐ No. (Go to line 7.								
	Yes.	total amount	you paid that cre	ditor. Do not in	nclude payments for	nore in one or more produced in one or more produced in the contract of the co	oligations, such as			
	* Subjec	t to adjustmer	nt on 4/01/22 and	every 3 years	after that for cases	filed on or after the o	late of adjustment.			
⊘ Yes	s. Debtor 1	or Debtor 2	or both have pr	imarily consu	mer debts.					
_	During th	ne 90 days be	fore you filed for	bankruptcy, die	d you pay any credit	or a total of \$600 or	more?			
	☐ No. (Go to line 7.								
	Yes.	creditor. Do	not include paym	ents for dome		re and the total amou ons, such as child su case.				
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for			
Car Max A	uto Financ	e		_	\$1,121.61	\$20,200.00	Mortgage			
Creditor's nam				Oct - Dec			Car			
PO Box 31	eet			_			☐ Credit card			
rambor ou	001						Loan repayment			
				-			Suppliers or vendors			
Milwauhee City)	WI State	53201-3174 ZIP Code	_			Other			
City		State	ZIF Code	Dates of payment	Total amount paid	Amount you still owe	Was this payment for			
Car Max A	uto Financ	e		_	\$636.00	\$8,000.00	Mortgage			
Creditor's nam				Oct - Dec			Car			
225 Chasta Number Str	ain Meado eet	ws Ct. NW		_			☐ Credit card			
Nullibel 3ti	eei						Loan repayment			
				-			☐ Suppliers or vendors			
Kennesaw City		GA State	30144-5841 ZIP Code	-			Other			
•				Dates of payment	Total amount paid	Amount you still owe	Was this payment for			
Suntrust N				_	\$6,129.69	\$171,256.30	✓ Mortgage			
Creditor's nam				Oct - Dec			Car			
PO Box 26	527			-			Credit card			
Mullipel Str	CC I						Loan repayment			
-				_			Suppliers or vendors			
Richmond		VA	23261	_			Other			
City		State	ZIP Code							

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	tor 1 tor 2	Papool S. Chaudhari Shialo L. Chaudhari	Case number (if known)
7.	Insidera corpora	debt you owed anyone who was an insider? Itners; partnerships of which you are a general partner; Itners; partnerships of which you are a general partner; Itners; partnerships of which you are a general partner; Itnerships of which you are a general partner; Itners	
	✓ No ☐ Yes	s. List all payments to an insider.	
3.		1 year before you filed for bankruptcy, did you make any payments o ed an insider?	or transfer any property on account of a debt that
	Include	payments on debts guaranteed or cosigned by an insider.	
	✓ No ☐ Yes	s. List all payments that benefited an insider.	
P	art 4:	Identify Legal Actions, Repossessions, and Foreclosu	ires
9.	List all	1 year before you filed for bankruptcy, were you a party in any lawsus such matters, including personal injury cases, small claims actions, divorations, and contract disputes.	
	✓ No □ Yes	s. Fill in the details.	
10.	seized	1 year before you filed for bankruptcy, was any of your property repo , or levied? all that apply and fill in the details below.	ossessed, foreclosed, garnished, attached,
	<u> </u>	. Go to line 11. s. Fill in the information below.	
11.		90 days before you filed for bankruptcy, did any creditor, including a ts from your accounts or refuse to make a payment because you ow	•
	✓ No	s. Fill in the details.	
12.		1 year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official?	ne possession of an assignee for the benefit of
	✓ No ☐ Yes	S	

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	otor 1 otor 2	Papool S. Ch Shialo L. Cha			Case number	· (if known)	
Р	art 5:	List Certai	n G	ifts and Co	ntributions		
13.	Within	2 years before	you f	filed for bankr	ruptcy, did you give any gifts with a total value of m	ore than \$600 per pers	on?
	✓ No ☐ Yes	s. Fill in the deta	ils fo	or each gift.			
14.		2 years before y charity?	you f	filed for bankr	ruptcy, did you give any gifts or contributions with	a total value of more th	an \$600
	✓ No	s. Fill in the deta	ils fo	or each gift or o	contribution.		
Р	art 6:	List Certai	n Lo	osses			
15.		1 year before ye lisaster, or gam			uptcy or since you filed for bankruptcy, did you lose	anything because of t	heft, fire,
	✓ No ☐ Yes	s. Fill in the deta	iils.				
Р	art 7:	List Certai	n Pa	ayments or	Transfers		
10.	 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy. No Yes. Fill in the details. 						
Pel	llev Law	/ Offices			Description and value of any property transferred	Date payment or transfer was	Amount of payment
Pers	son Who V	Vas Paid			_	made	
	5 N. Tra nber Sti	vis reet			_	11.6.19	\$2,200.00
Sh	erman	T) St	X ate	75090 ZIP Code	_		_
Ema	ail or websi	te address			_		
Pers	son Who N	Made the Payment, i	f Not	You	_		
17.					uptcy, did you or anyone else acting on your behalf with your creditors or to make payments to your cre		perty to
	-	-			at you listed on line 16.		
	✓ No	s. Fill in the deta	iils.				

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	otor 1 Papool S. Chaudhari otor 2 Shialo L. Chaudhari	Case number (if known)
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwiproperty transferred in the ordinary course of your business or financial affa	
	Include both outright transfers and transfers made as security (such as granting of Do not include gifts and transfers that you have already listed on this statement.	f a security interest or mortgage on your property).
	✓ No ☐ Yes. Fill in the details.	
19.	Within 10 years before you filed for bankruptcy, did you transfer any propert you are a beneficiary? (These are often called asset-protection devices.)	y to a self-settled trust or similar device of which
	✓ No ✓ Yes. Fill in the details.	
Pa	art 8: List Certain Financial Accounts, Instruments, Safe Dep	oosit Boxes, and Storage Units
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or benefit, closed, sold, moved, or transferred?	instruments held in your name, or for your
	Include checking, savings, money market, or other financial accounts; certificates houses, pension funds, cooperatives, associations, and other financial institutions	
	✓ No ☐ Yes. Fill in the details.	
21.	Do you now have, or did you have within 1 year before you filed for bankrup for securities, cash, or other valuables?	tcy, any safe deposit box or other depository
	✓ No ☐ Yes. Fill in the details.	
22.	Have you stored property in a storage unit or place other than your home wi	thin 1 year before you filed for bankruptcy?
	✓ No Yes. Fill in the details.	
Pa	art 9: Identify Property You Hold or Control for Someone Els	ee
23.	Do you hold or control any property that someone else owns? Include any por hold in trust for someone.	property you borrowed from, are storing for,
	✓ No ☐ Yes. Fill in the details.	

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Debtor 1 Debtor 2	Papool S. Chaudhari Shialo L. Chaudhari		Case number (if known)
Part 10	Give Details About En	vironmental Information		
For the pu	rpose of Part 10, the following o	definitions apply:		
hazardo	ous or toxic substance, wastes,	state, or local statute or regulation conce or material into the air, land, soil, surface olling the cleanup of these substances, w	water, groundwater,	
		operty as defined under any environmenta llize it, including disposal sites.	al law, whether you no	w own, operate, or
		n environmental law defines as a hazardo ant, contaminant, or similar item.	us waste, hazardous s	substance, toxic
Report all	notices, releases, and proceedi	ngs that you know about, regardless of w	hen they occurred.	
24. Has a law?	ny governmental unit notified y	ou that you may be liable or potentially lia	ble under or in violation	on of an environmental
✓ No	o es. Fill in the details.			
√ N	•	unit of any release of hazardous material?	,	
26. Have orders		or administrative proceeding under any e	environmental law? In	clude settlements and
✓ No	o es. Fill in the details.			
Part 11	Give Details About Yo	ur Business or Connections to An	y Business	
27. Withir busin	-	nkruptcy, did you own a business or have	e any of the following o	connections to any
9 1 1 1	☐ A member of a limited liability☐ A partner in a partnership☐ An officer, director, or managi	eyed in a trade, profession, or other activity, of company (LLC) or limited liability partnership on executive of a corporation voting or equity securities of a corporation		ne
	o. None of the above applies. Ges. Check all that apply above ar	o to Part 12. Id fill in the details below for each business.		
	Law PLLC	Describe the nature of the business	Employer Identifi Do not include So	cation number ocial Security number or ITIN.
Business Nar PO Box 1	962		EIN:	
	Street	Name of accountant or bookkeeper	Dates business e	xisted
			From	То
Wylie	TX 75098			

State ZIP Code

City

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		Papool S. Chaudhari Shialo L. Chaudhari	Case number (if known)	
		2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include acial institutions, creditors, or other parties.		
	☑ No □ Yes	s. Fill in the details below.		
P	art 12:	Sign Below		
that pro	answer	the answers on this Statement of Financial is are true and correct. I understand that m fraud in connection with a bankruptcy case U.S.C. §§ 152, 1341, 1519, and 3571.	aking a false statement, conce	ealing property, or obtaining money or
-		ool S. Chaudhari Chaudhari, Debtor 1	(<u>/s/ Shialo L. Chaudhari</u> Shialo L. Chaudhari, Debtor 2	<u> </u>
ı	Date	12/13/2019	Date 12/13/2019	
Did	you atta	ch additional pages to Your Statement of F	inancial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
Did	you pay	or agree to pay someone who is not an att	orney to help you fill out bank	cruptcy forms?
		nme of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inf	ormation to	identify your case	:			
Debtor 1	Papool	S.	Chaudhari			
	First Name	Middle Name	Last Name			
Debtor 2	Shialo	L.	Chaudhari			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS						
Case number (if known)						

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.						
Identify the cr	editor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?			
Creditor's name:	Car Max Auto Finance	Surrender the property. Retain the property and redeem it.	□ No ☑ Yes			
Description of property securing debt:	2014 Lexus ES 350	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:				
Creditor's name:	Car Max Auto Finance	Surrender the property. Retain the property and redeem it.	□ No ☑ Yes			
Description of property securing debt:	2015 Kia Sedan	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:				
Creditor's name:	Suntrust Mortgage	Surrender the property. Retain the property and redeem it.	□ No ☑ Yes			
Description of property securing debt:	1505 Bankston Dr., Wylie, TX 75098	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:				

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Debtor 1	Papool S. Chaudhari			
Debtor 2	Shialo L. Chaudhari		_	Case number (if known)
Part 2:	List Your Unexpired Per	rsonal Prop	erty Leases	
fill in the i	nformation below. Do not list rea	l estate leases	s. Unexpired leases are	ory Contracts and Unexpired Leases (Official Form 106G), leases that are still in effect; the lease period has not does not assume it. 11 U.S.C. § 365(p)(2).
Desci	ribe your unexpired personal pro	perty leases		Will this lease be assumed?
None).			
Part 3:	Sign Below			
	penalty of perjury, I declare that I al property that is subject to an u		•	y property of my estate that secures a debt and
X /s/ Pap	oool S. Chaudhari	X /	s/ Shialo L. Chaudhar	<u>i</u>
Papool	S. Chaudhari, Debtor 1		Shialo L. Chaudhari, Debt	or 2
Date 1	12/13/2019	[Date 12/13/2019	
N	MM / DD / YYYY		MM / DD / YYYY	

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

In re Papool S. Chaudhari
Shialo L. Chaudhari

Case No.			
Chapter	7		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

	DIOCECCONE OF COMM ENGATION	OF ATTORNET FOR DEDICK
1.	 Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certi that compensation paid to me within one year before the filing of th services rendered or to be rendered on behalf of the debtor(s) in c is as follows: 	e petition in bankruptcy, or agreed to be paid to me, for
	For legal services, I have agreed to accept	\$2,200.00
	Prior to the filing of this statement I have received	\$2,200.00
	Balance Due	\$0.00
2.	2. The source of the compensation paid to me was: ☐ Other (specify)	
3.	3. The source of compensation to be paid to me is:	
	✓ Debtor ☐ Other (specify)	
4.	 I have not agreed to share the above-disclosed compensation associates of my law firm. 	with any other person unless they are members and
	☐ I have agreed to share the above-disclosed compensation wire associates of my law firm. A copy of the agreement, together compensation, is attached.	·

- 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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32030	(Form	2030)	(12/15)
コムひひひ	LLOIIII	20301	(12/13)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: **No motions, objections, conversions, adversaries, or amendments**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/13/2019 /s/ Richard Pelley

Date Richard Pelley Bar No. 15732500

Pelley Law Offices 905 N. Travis Sherman, TX 75090

Phone: (903) 813-4778 / Fax: (903) 813-0586

/s/ Papool S. Chaudhari /s/ Shialo L. Chaudhari

Papool S. Chaudhari Shialo L. Chaudhari

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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

IN RE: Papool S. Chaudhari CASE NO Shialo L. Chaudhari

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

	The above nam	ned Debtor here	by verifies tha	at the attache	d list of cred	litors is true an	d correct to the	e best of h	nis/her
knowle	edge.								

Date	12/13/2019		/s/ Papool S. Chaudhari Papool S. Chaudhari	
Date	12/13/2019	Signature	/s/ Shialo L. Chaudhari	

American Express PO Box 650448 Dallas, TX 75265-0448

American Express
PO Box 981537
El Paso, TX 79998-1537

Attorney General of Texas Collection Div. - Bankruptcy Box 12548, Capitol Station Austin, TX 78711-2548

Bank of America PO Box 851001 Dallas, TX 75285-1001

Best Buy Credit Services PO Box 78009 Phoenix, AZ 85062-8009

Car Max Auto Finance PO Box 3174 Milwauhee, WI 53201-3174

Car Max Auto Finance 225 Chastain Meadows Ct. NW Kennesaw, GA 30144-5841

Chase Cardmember Services P.O. Box 6294 Carol Stream, IL 60197-6294

Citi P.O. Box 78045 Phoenix, AZ 85062 Discover PO Box 29033 Phoenix, AZ 85038-9033

FmHA 101 S. Main St., Suite 102 Temple, TX 76501-7651

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Molina Healthcare

Nelnet - Bankruptcy Department 3015 South Parker Road Ste. 400 Aurora, CO 80014-2904

Office of Attorney General Child Support Division 1600 Pacific, #700 Dallas, TX 75201-3627

Paypal Credit PO Box 960080 Orlando, FL 32896

Penfed CU PO Box 247080 Omaha, NE 68124-7080

State Comptroller Capitol Station Austin, TX 78711

Suntrust Mortgage PO Box 26527 Richmond, VA 23261

Texas Employment Commission T.E.C. Bldg., Tax Dept. Austin, TX 78778-0001

U.S. Attorney 700 Nations Bank Tower 110 N. College Ave. Tyler, TX 75702-7226

U.S. Attorney General
Department of Justice
Main Justice Building
10th & Constitution Ave., NW
Washington, DC 20530-0001

US Trustee Office of the U.S. Trustee 110 N. College Ave. Suite 300 Tyler, TX 75702-7231

Veterans Administration 701 Clay Ave. Waco, TX 76706-1177 Case 19-43357 Doc 1 Filed 12/13/19 Entered 12/13/19 18:22:07 Desc Main Document Page 59 of 71

Fill	in th <u>is</u> inf	ormation to	identify your case:		Check one	e box only as direc	ted in this
	tor 1	Papool	S.	Chaudhari		in Form 122A-1Su _l	
Den	tor r	First Name	Middle Name	Last Name	1.There is	no presumption of abus	e.
	tor 2 ouse, if filing)	Shialo First Name	L. Middle Name	Chaudhari Last Name	of abuse	ulation to determine if a applies will be made ur	nder Chapter 7
Unit	ed States Ba	nkruptcy Court fo	or the: EASTERN DIS	TRICT OF TEXAS	11	est Calculation (Official	
Cas	e number nown)				3. The Mea of qualifications	ns Test does not apply ed military service but it	now because could apply
					Check if t	his is an amended filing	1
Offic	cial Form	122A-1					
Cha	pter 7 S	tatement o	of Your Current	Monthly Income			12/
milita 122A-	ry service, c -1Supp) with	omplete and file this form.		u do not have primarily consion from Presumption of Ab			
1. V			ng status? Check one o	rily.			
[umn A, lines 2-11.				
[✓ Married	and your spous	se is filing with you. Fi	Il out both Columns A and B, I	ines 2-11.		
[Married	and your spous	se is NOT filing with yo	ou. You and your spouse are) :		
	Livi	ng in the same	household and are no	t legally separated. Fill out bo	oth Columns A and	d B, lines 2-11.	
	dec	lare under penal	ty of perjury that you an	I. Fill out Column A, lines 2-11 d your spouse are legally sepa s that do not include evading the	arated under nonba	ankruptcy law that appli	es or that you
k A ii	cankruptcy of August 31. If note that the result.	the amount of your point of your point include a	§ 101(10A). For exampour monthly income varing income amount more	ed from all sources, derived ole, if you are filing on Septem ed during the 6 months, add the than once. For example, if be have nothing to report for any	ber 15, the 6-month ne income for all 6 oth spouses own t	th period would be Marc months and divide the he same rental property	ch 1 through total by 6. Fil
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	•	vages, salary, ti	ps, bonuses, overtime	, and commissions	\$11,730.77	\$1,819.18	
	Alimony and f Column B is	•	ayments. Do not includ	de payments from a spouse	\$0.00	\$0.00	
r y a	expenses of regular contril rour depende	you or your depoutions from an unts, parents, and	d roommates. Include re		\$0.00	\$0.00	

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Debi		Papool S. Chaudhari Shialo L. Chaudhari			c	Case number (if k	nown)
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse
5.	Net inc	come from operating a busine	ess, profession, c	or farm			
			Debtor 1	Debtor 2			
	Gross r deducti	receipts (before all ions)	\$371.00	\$0.00			
	Ordinar expens	ry and necessary operating -	\$520.00	\$0.00	Сору		
		onthly income from a business, sion, or farm	(\$149.00)	\$0.00	here →	(\$149.00)	\$0.00
6.	Net inc	come from rental and other re	al property				
			Debtor 1	Debtor 2			
	Gross r deducti	receipts (before all ions)	\$0.00	\$0.00	-		
	Ordinar	ry and necessary operating —	\$0.00	\$0.00			
	Net mo	onthly income from rental or eal property	\$0.00	\$0.00	Copy here →	\$0.00	\$0.00
7.	Interes	t, dividends, and royalties				\$0.00	\$0.00
8.	Unemp	oloyment compensation				\$0.00	\$0.00
		enter the amount if you contenunder the Social Security Act.					
	For	you		\$0.	00		
	For	your spouse		\$0.	00		
9.	was a beneat see allowardisability uniform of title amount	on or retirement income. Do not be penefit under the Social Security entence, do not include any continue paid by the United States City, combat-related injury or distinct services. If you received a 10, then include that pay only to to fretired pay to which you working provision of title 10 other the	by Act. Also, exce inpensation, pension Government in consability, or death of iny retired pay paid of extent that it does uld otherwise be ex	pt as stated in the on, pay, annuity, on the control with a a member of the dunder chapter 61 es not exceed the entitled if retired	r	\$0.00	<u>*0.00</u>
10.	amount paymer internat or allow disabilit uniform	e from all other sources not let. Do not include any benefits not received as a victim of a wational or domestic terrorism; or vance paid by the United Statesty, combat-related injury or discussed services. If necessary, list the total below.	received under the ar crime, a crime a compensation, pe s Government in c ability, or death of	e Social Security A against humanity, c ension, pay, annuit connection with a a member of the	.ct; or		
	Total a	mounts from separate pages, i	f any.				+

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	otor 1 otor 2	Papool S. Chaudhari Shialo L. Chaudhari		Case number (if known)
				Column A Column B Debtor 1 Debtor 2 or non-filing spouse
11.	Add line	ate your total current monthly income. es 2 through 10 for each column. dd the total for Column A to the total for Colur	mn B.	\$11,581.77 + \$1,819.18 = \$13,400.95 Total current monthly income
P	art 2:	Determine Whether the Means To	est Applies to You	
12.	Calcula	ate your current monthly income for the ye	ar. Follow these steps:	
	12a. (Copy your total current monthly income from I	ine 11	Copy line 11 here > 12a. \$13,400.95
	ľ	Multiply by 12 (the number of months in a yea	r).	X 12
	12b. T	The result is your annual income for this part of	of the form.	12b. \$160,811.40
13.	Calcula	ate the median family income that applies t	o you. Follow these steps:	
	Fill in th	e state in which you live.	Texas	
	Fill in th	e number of people in your household.	3	
	Fill in th	e median family income for your state and size	ze of household	13. \$72,632.00
		a list of applicable median income amounts, ions for this form. This list may also be available.		
14.	How do	the lines compare?		
	14a.	Line 12b is less than or equal to line 13. Go to Part 3. Do NOT fill out or file Offici		oox 1, There is no presumption of abuse.
	14b.	Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	o of page 1, check box 2, The	presumption of abuse is determined by Form 122A-2.
P	art 3:	Sign Below		
	By sig	ning here, I declare under penalty of perjury	that the information on this sta	stement and in any attachments is true and correct.
	Y /s	Papool S. Chaudhari	Y /s/ S	hialo L. Chaudhari
		pool S. Chaudhari, Debtor 1		o L. Chaudhari, Debtor 2
	Da	tte 12/13/2019	Date	12/13/2019
		MM / DD / YYYY		MM / DD / YYYY
	If you	checked line 14a, do NOT fill out or file Form	122A-2.	

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in	this inf	ormation to i	dentify your case:			Check the app		s directed
Debtor	1	Papool	S.	Chaudhari		in lines 40 or 4	2:	
		First Name	Middle Name	Last Name		According to the ca	alculation required	d by this
Debtor		Shialo First Name	L. Middle Name	Chaudhari Last Name				
		First Name				1. There is no	oresumption of ab	ouse.
		nkruptcy Court fo	or the: EASTERN DIS	TRICT OF TEXA	<u>.s</u>	✓ 2. There is a property of the property	resumption of abu	ise.
Case n					-	☐ Check if this is:	an amended filing	<u> </u>
Chap	ter 7 M		Calculation					04/19
122A-1). Be as co accurate nforma	omplete ar e. If more tion applie	nd accurate as p space is neede ss. On the top o	possible. If two marrie d, attach a separate sh if any additional pages	ed people are filing	g together, bo Include the li	oth are equally responence number to which	ensible for being	
Part 1	P Det	ermine Your	Adjusted Income					
I. Cop	by your to	tal current mon	thly income	Copy line 11	from Official F	Form 122A-1 here	-> 1.	\$13,400.95
2. Did	you fill ou	ıt Column B in I	Part 1 of Form 122A-17	?				
	No. Fill i	n \$0 for the total	on line 3.					
	Yes. Is y	our spouse filing	g with you?					
	□ No.	Go to line 3.						
	√ Yes	. Fill in \$0 for the	e total on line 3.					
			income by subtracting ou or your dependent			ome not used to pay	for	
			122A-1, was any amour you or your dependents		ou reported for	your spouse NOT reg	gularly used	
	No. Fill i	n \$0 for the total	on line 3.					
	Yes. Fill	in the informatio	n below:					
	State ea	ch purpose for	which the income was	used	in the amoun	t vou		
		support people	is used to pay your spo other than you or your	use's tax are	subtracting f ir spouse's in	rom		
						_		
	Total			+ _	\$0	.00 Copy.total.here	············· → -	\$0.00
1. Adi	ust vour c	urrent monthly	income. Subtract the to	otal on line 3 from	line 1.			\$13,400.95

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Debtor 1	Papool S. Chaudhari		
Debtor 2	Shialo L. Chaudhari	Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,446.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories-people who are under 65 and people who are 65 or older-because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age				
7a. Out-of-pocket health care allowance per person	\$55.00			
7b. Number of people who are under 65	χ3			
7c. Subtotal. Multiply line 7a by line 7b.	\$165.00	Copy here -	\$165.00	
People who are 65 years of age or older				
7d. Out-of-pocket health care allowance per person	\$114.00			
7e. Number of people who are 65 or older	х			
7f. Subtotal. Multiply line 7d by line 7e.	\$0.00	Copy here → + _	\$0.00	
				Copy total
7g. Total. Add lines 7c and 7f			\$165.00	here → 7g

\$165.00

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Debto Debto		Papool S. Chaudhari Shialo L. Chaudhari	Case number (if known)	
Loc	al St	andards You must use the IRS Local Stan	dards to answer the questions in lines 8-15.	
		n information from the IRS, the U.S. Trustee Pro ruptcy purposes into two parts:	gram has divided the IRS Local Standard for housing	
		ing and utilities Insurance and operating expe	nses	
To a	answ	er the questions in lines 8-9, use the U.S. Truste	e Program chart.	
To f	ind th	·	parate instructions for this form. This chart may also be	
8.		sing and utilities Insurance and operating exp	penses: Using the number of people you entered in line 5, nce and operating expenses.	\$647.00
9.	Hou	sing and utilities Mortgage or rent expenses:		
	9a.	Using the number of people you entered in line 5, for your county for mortgage or rent expenses.	fill in the dollar amount listed \$1,751.00	
	9b.	Total average monthly payment for all mortgages your home.	and other debts secured by	
		To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 bankruptcy. Then divide by 60.		
		Name of the creditor	Average monthly payment	
		Suntrust Mortgage	\$2,043.23	
			-	
		Total average monthly payment	Copy here → - \$2,043.23 Repeat this amount on line 33a.	
	9c.	Net mortgage or rent expense.		
		Subtract line 9b (total average monthly payment) frent expense). If this amount is less than \$0, enter	The state of the s	\$0.00
10.	-	ou claim that the U.S. Trustee Program's division affects the calculation of your monthly expense	n of the IRS Local Standard for housing is incorrect es, fill in any additional amount you claim.	
	Exp why	-		
11.	Loc	al transportation expenses: Check the number of	f vehicles for which you claim an ownership or operating expense.	
		Go to line 14.		
		1. Go to line 12.		
		2 or more. Go to line 12.		
12.			ndards and the number of vehicles for which you claim the	\$562.00

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Debto Debto		•	ol S. Chaudhari o L. Chaudhari	Case number (if known)	
13.	expe	ense for		Local Standards, calculate the net ownership or lease e expense if you do not make any loan or lease payments on e for more than two vehicles.	
	Vehi	icle 1	Describe Vehicle 1: 2014 Lexus E	S 350	
	13a.	. Owners	hip or leasing costs using IRS Local Stand	dard <u>\$508.00</u>	
	13b.	. Average	e monthly payment for all debts secured by	y Vehicle 1.	
		Do not i	include costs for leased vehicles.		
		amount	ulate the average monthly payment here as s that are contractually due to each secure u filed for bankruptcy. Then divide by 60.		
		Name	of each creditor for Vehicle 1	Average monthly payment	
		Car Ma	ax Auto Finance	<u>\$336.67</u>	
			Total average monthly payment	Copy here \$336.67 Repeat this amount on line 33b.	
	13c.		nicle 1 ownership or lease expense. It line 13b from line 13a. If this amount is l	Copy net Vehicle 1 expense here → \$1	71.33
	Vehi	icle 2	Describe Vehicle 2: 2015 Kia Seda	an	
			hip or leasing costs using IRS Local Stand		
	13e.		e monthly payment for all debts secured by or leased vehicles.	y Vehicle 2. Do not include	
		Name	of each creditor for Vehicle 2	Average monthly payment	
		Car Ma	ax Auto Finance	<u>\$133.33</u>	
			Total average monthly payment	Copy here - \$133.33 Repeat this amount on line 33c.	
	13f.		nicle 2 ownership or lease expense. et line 13e from 13d. If this amount is less	Copy net Vehicle 2 than \$0, enter \$0. \$374.67	74.67
14.	Pub	lic trans	sportation expense: If you claimed 0 vehi	icles in line 11, using the IRS Local Standards, fill in the Public	\$0.00

Transportation expense allowance regardless of whether you use public transportation.

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Debto Debto		Papool S. Chaudha Shialo L. Chaudhar		
15.	also d	leduct a public transpor	ation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may tation expense, you may fill in what you believe is the appropriate expense, but you may Local Standard for Public Transportation.	\$0.00
Oth	er Nec	essary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expense following IRS categories.	s for the
16.	self-ei your p	mployment taxes, socia pay for these taxes. How	nount that you will actually owe for federal, state and local taxes, such as income taxes, all security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 m the total monthly amount that is withheld to pay for taxes.	\$1,300.42
	Do no	t include real estate, sa	ales, or use taxes.	
17.		untary deductions: The dues, and uniform cost	ne total monthly payroll deductions that your job requires, such as retirement contributions, is.	\$170.92
	Do no	t include amounts that a	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	
18.	filing t	together, include payme	onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life its, or a non-filing spouse's life insurance, or for any form of life insurance other than	\$82.00
19.		e-ordered payments: 7 cy, such as spousal or c	The total monthly amount that you pay as required by the order of a court or administrative shild support payments.	\$0.00
	Do no	t include payments on p	past due obligations for spousal or child support. You will list these obligations in line 35.	
20.	as	a condition for your job		\$202.00
21			tally challenged dependent child if no public education is available for similar services. amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	\$0.00
21.		-	any elementary or secondary school education.	\$0.00
22.	is requ	uired for the health and savings account. Inclu	we we will be reserved by the amount that you pay for health care that welfare of you or your dependents and that is not reimbursed by insurance or paid by a under only the amount that is more than the total entered in line 7. We or health savings accounts should be listed only in line 25.	\$704.00
23.	for you	u and your dependents,	lephone services: The total monthly amount that you pay for telecommunication services a such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production sed by your employer.	+\$85.00
			basic home telephone, internet and cell phone service. Do not include self-employment orted on line 5 of Official Form 122A-1, or any amount you previously deducted.	
24.		all of the expenses allo	owed under the IRS expense allowances.	\$5.910.34

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	btor 1 Papool S. Chaudhari btor 2 Shialo L. Chaudhari Case	number (if known)					
Add	These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.						
25.	 Health insurance, disability insurance, and health savings account expenses. The insurance, disability insurance, and health savings accounts that are reasonably necess spouse, or your dependents. 	•					
	Health insurance \$733.67						
	Disability insurance \$0.00						
	Health savings account + \$0.00						
	Total \$733.67 Copy total here	→ \$733.67					
	Do you actually spend this total amount?						
	☐ No. How much do you actually spend?						
	<u></u>						
26.	66. Continuing contributions to the care of household or family members. The actual member of your household or member of your immediate family who is unable to pay for expenses may include contributions to an account of a qualified ABLE program. 26 U.S.	ronically ill, or disabled r such expenses. These					
27.	7. Protection against family violence. The reasonably necessary monthly expenses that safety of you and your family under the Family Violence Prevention and Services Act or						
	By law, the court must keep the nature of these expenses confidential.						
28.	8. Additional home energy costs. Your home energy costs are included in your insurance on line 8.	e and operating expenses					
	If you believe that you have home energy costs that are more than the home energy cost line 8, then fill in the excess amount of home energy costs.	sts included in expenses on					
	You must give your case trustee documentation of your actual expenses, and you must amount claimed is reasonable and necessary.	show that the additional					
29.	9. Education expenses for dependent children who are younger than 18. The monthly \$170.83* per child) that you pay for your dependent children who are younger than 18 you public elementary or secondary school.	• • •					
	You must give your case trustee documentation of your actual expenses, and you must claimed is reasonable and necessary and not already accounted for in lines 6-23.	explain why the amount					
	* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or a	ifter the date of adjustment.					
30.	O. Additional food and clothing expense. The monthly amount by which your actual food higher than the combined food and clothing allowances in the IRS National Standards. than 5% of the food and clothing allowances in the IRS National Standards.	<u></u>					
	To find a chart showing the maximum additional allowance, go online using the link specinstructions for this form. This chart may also be available at the bankruptcy clerk's office	•					
	You must show that the additional amount claimed is reasonable and necessary.						
31.	 Continuing charitable contributions. The amount that you will continue to contribute instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 	in the form of cash or financial + \$100.00					

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Debto Debto		Papool S. Chaudh Shialo L. Chaudha					Case n	number (if known)		
32.		all of the additional exnes 25 though 31.	xpense dedu	ctions.						\$1,403.67
Ded	luction	s for Debt Payment								
33.		ebts that are secured , and other secured (, including	g home	mortgages, vehi	cle	
		culate the total average months after you file	, , ,	•		are contrac	tually du	ue to each secure	d creditor in	
								verage monthly ayment		
		Mortgages on your	home:							
	33a.	Copy line 9b here			•••••		→	\$2,043.23		
		Loans on your first	two vehicles	:						
	33b.	Copy line 13b here					•	\$336.67		
	33c.	Copy line 13e here					•	\$133.33		
	33d.	List other secured de	bts:							
		of each creditor for secured debt		Identify property secures the debt	that	Does pa include insurance	taxes or			
							No			
							Yes			
						🛚	No			
							Yes			
						— ∦	No Yes	-		
	220	Total average month	ly novement	Add lines 22s through	~h 224			\$2,513.23	Copy total	\$2,513.23
	sse.	Total average month	ıy payment. <i>F</i>	Add lines 33a trifouç	yn 33u			42,010120	here →	ΨΣ,510.25
34.		ny debts that you list ssary for your suppo						e, or other prope	rty	
		No. Go to line 35.		, ,						
		es. State any amou	nt that you m	ust pay to a creditor	, in additio	n to the				
		, ,	-	keep possession of de by 60 and fill in th		• (
Nan	ne of th	ne creditor	Identify pro		Total cu	re		Monthly cure amount		
						÷	60 =		-	
							60 =			
					-		60 = 4			
						^Ŧ	~~ -		Copy total	
						-	Total	\$0.00	here -	\$0.00

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Debtor 1 Papool S. Chaudhari Debtor 2 Shialo L. Chaudhari Case number				mber (if known)			
35.	alim	ony	we any priority claims such as a priority tax, child support, or that are past due as of the filing date of your bankruptcy case? § 507.				
	بخا	No. Yes.	Go to line 36. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.				
			Total amount of all past-due priority claims			÷ 60 =	\$0.00
36.	For r	nore i	ligible to file a case under Chapter 13? 11 U.S.C. § 109(e). nformation, go online using the link for Bankruptcy Basics specified in is for this form. Bankruptcy Basics may also be available at the bankruptcy.	•			
		No. Yes.	Go to line 37. Fill in the following information.				
			Projected monthly plan payment if you were filing under Chapter 13	_			
			Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alab and North Carolina) or by the Executive Office for United States Trus (for all other districts).		x	%	
			To find a list of district multipliers that includes your district, go online the link specified in the separate instructions for this form. This list nalso be available at the bankruptcy clerk's office.	•			
			Average monthly administrative expense if you were filing under Cha	apter 13		Copy total here	
37.			the deductions for debt payment. 33e through 36.				\$2,513.23
Tota	al Dec	ductio	ons from Income				
38.	Add	all of	the allowed deductions.				
			24, All of the expenses allowed under IRS \$5,910.34				
	Copy	y line :	32, All of the additional expense deductions \$1,403.67				
	Copy	y line (37, All of the deductions for debt payment+ \$2,513.23				
	Total	l dedu		opy total h	nere →		\$9,827.24
Par	rt 3:	D	etermine Whether There Is a Presumption of Abuse				
39.	Calc	ulato	monthly disposable income for 50 months				
	Ouio	uiaie	monthly disposable income for 60 months				
	39a.		by line 4, adjusted current monthly income				
		Cop	\$40.400.0F				
	39a.	Cop Cop Mor	by line 4, adjusted current monthly income \$13,400.95		\$3,573.71	_	
	39a. 39b.	Cop Cop Mor Sub	by line 4, adjusted current monthly income	re →	\$3,573.71 × 60	_	

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Debtor 1 Debtor 2		-	pool S. Chaudhari alo L. Chaudhari	Case number (if known)			
40.	Find	ind out whether there is a presumption of abuse. Check the box that applies:					
		The line 39d is less than \$8,175*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.					
		The line 39d is more than \$13,650*. On the top of page 1 of this form, check box 2, <i>There is a presumption of abuse.</i> You may fill out Part 4 if you claim special circumstances. Then go to Part 5.					
		The I	ine 39d is at least \$8,175*, but not more than \$13,650*. Go to lir	ne 41.			
		* Sub	ject to adjustment on 4/01/22, and every 3 years after that for case	es filed on or after the date of a	adjustment.		
41.	41a.	A S	in the amount of your total nonpriority unsecured debt. If you turnmary of Your Assets and Liabilities and Certain Statistical Informicial Form 106Sum), you may refer to line 3b on that form	mation Schedules			
				x .25			
	41b.		6 of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(tiply line 41a by 0.25.	2)(A)(i)(l).	Copy here →		
42.	is e	Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt. Check the box that applies:					
		Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.					
		Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.					
Pai	rt 4:	G	ive Details About Special Circumstances				
43.		Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).					
	$\overline{\mathbf{Q}}$	No.	Go to Part 5.				
		Yes.	Fill in the following information. All figures should reflect your av for each item. You may include expenses you listed in line 25.	erage monthly expense or inco	ome adjustment		
			You must give a detailed explanation of the special circumstance adjustments necessary and reasonable. You must also give you expenses or income adjustments.	•			
			Give a detailed explanation of the special circumstances		Average monthly expense or income adjustment		

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Debtor 1 Debtor 2	Papool S. Chaudhari Shialo L. Chaudhari	Case number (if known)
Part 5:	Sign Below	
By si	gning here, I declare under penalty of perjury that	at the information on this statement and in any attachments is true and correct.
χ /s	s/ Papool S. Chaudhari	x /s/ Shialo L. Chaudhari
P	apool S. Chaudhari, Debtor 1	Shialo L. Chaudhari, Debtor 2
D	ate 12/13/2019	Date 12/13/2019
	MM / DD / YYYY	MM / DD / YYYY